North Central Soybean Research Program

Research Proposal Application and Summary Budget Form

**Please complete all information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Project Title | Click here to enter text. | | | | | | |
| **Principal Investigator** | | | | | | | |
| Name | | | enter first and last name | | | | |
| Title | | | enter title here | | | | |
| Mailing Address | | | building and/or street address | | | | |
| City/State/Zip | | | enter city, state, and zip | | | | |
| Phone | | | (xxx) xxx-xxxx | | | | |
| E-mail | | | enter email address | | | | |
| **Project Timeline and Funding Information** | | | | | | | |
| **Current Year - FY25** | | | | **Multi-Year Project Information** (if applicable) | | | |
| Choose year | | | | Year 1 | Year 2 | | Year 3 |
| Start Date | | 10/01/2024 | | enter date | enter date | | enter date |
| End Date | | 9/30/2025 | | enter date | enter date | | enter date |
| Funds Requested | | $ dollar amount | | $ dollar amount | $ dollar amount | | $ dollar amount |
| **Authorized Organizational Representative** | | | | | | | |
| Name | | | enter first and last name | | | | |
| Title | | | enter title here | | | | |
| Mailing Address | | | building and/or street address | | | | |
| City/State/Zip | | | enter city, state, and zip | | | | |
| Phone | | | (xxx) xxx-xxxx | | | | |
| E-mail | | | enter email address | | | | |
| Signature of Principle Investigator | | | | | | Date: | |
|  | | | | | |  | |
| Signature of Authorized Organizational Representative | | | | | | Date: | |
|  | | | | | |  | |

**Email proposal as electronic copy in Microsoft Word or PDF format to** [**dkurth@iasoybeans.com**](mailto:dkurth@iasoybeans.com)